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APPLICANTS Dennis W. Wahr, Ann Arbor, MI; Thomas V. Ressemann, St. Cloud, MN; Peter T. Keith, St. Paul, MN; David J. Blaeser, Champlin, MN; Michael Berman, minnetonka, MN;					
** CONTINUING DATA ***** <i>none</i>					
** FOREIGN APPLICATIONS ***** <i>none</i>					
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials		STATE OR COUNTRY MI	SHEETS DRAWING 48	TOTAL CLAIMS 148	INDEPENDENT CLAIMS 19
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TITLE EMBOLI PROTECTION DEVICES AND RELATED METHODS OF USE					
FILING FEE RECEIVED 3095	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		